

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212526844					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Richmond and Westmoreland Counties Habitat forHumanity, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: HAROLD LEIFER 73 MALLARD CT. CABIN POINT MONTROSS, VA 22520-4019</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: WESTMORELAND COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 8/31/2012</p> <p>SCC ID NO: 04146890</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: P.O. Box 17</p> <p style="margin-left: 40px;">CITY/ST/ZIP: Mount Holly, VA 22524-0017</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: DONALD RAY SAUNDERS TITLE: PRESIDENT ADDRESS: 1 GRANDVIEW LANDING CITY/ST/ZIP/CO: HAGUE, VA 22469 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 15%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: DONALD RAY SAUNDERS TITLE: PRESIDENT ADDRESS: 1 GRANDVIEW LANDING CITY/ST/ZIP/CO: HAGUE, VA 22469	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: REV. ALAN B HOOKER TITLE: VICE PRESIDENT ADDRESS: 6645 NORTHUMBERLAND HWY CITY/ST/ZIP/CO: HEATHSVILLE, VA 22473	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
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NAME:	Walter Ball	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1088 Richmond Hill Rd.		
CITY/ST/ZIP/CO:	Warsaw, VA 22572		
NAME:	David L. Bertsch	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	92 Essex Place		
CITY/ST/ZIP/CO:	Montross, VA 22520		
NAME:	Sheila Dove	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1522 Panorama Rd.		
CITY/ST/ZIP/CO:	Montross, VA 22520		
NAME:	Tiffany Gray	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5579 Richmond Rd. PO Box 35		
CITY/ST/ZIP/CO:	Warsaw, VA 22572-0035		
NAME:	Maggie Hall	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	23662 Kings Highway		
CITY/ST/ZIP/CO:	Warsaw, VA 22572		
NAME:	Barbara Jean Lefon	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 1048		
CITY/ST/ZIP/CO:	Montross, VA 22520		
NAME:	Verlane H Mack	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	126 Waterside Drive		
CITY/ST/ZIP/CO:	Warsaw, VA 22572		
NAME:	Catherine (Casi) Mundy	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	15851 Kings Highway PO Box 1265		
CITY/ST/ZIP/CO:	Montross, VA 22520		
NAME:	Margaret Riffe	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	467 Grandview Landing		
CITY/ST/ZIP/CO:	Hague, VA 22469		
NAME:	John Sydnor	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1589 Old Yeocomico Rd.		
CITY/ST/ZIP/CO:	Kinsale, VA 22488		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ Harold Leifer	Harold Leifer, TREASURER	7/18/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.